

Christian Financial Resources *Loan Application*

The loan application will not be processed unless this form and its attachments are completed in full. The financial statements included on the attached forms are part of the CFR Loan Application and must be provided. Please provide a copy of the three previous year financial statements.

1. APPLICANT INFORMATION

LEGAL NAME OF CHURCH: _____

MAILING ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH EMAIL ADDRESS: _____ CHURCH WEB SITE: _____

MEETING ADDRESS (IF DIFFERENT): _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH PHONE () _____ CHURCH FAX: () _____

CONTACT NAME OF PERSON COMPLETING APPLICATION: _____ DATE APPLICATION COMPLETED: _____

CONTACT PHONE NUMBERS OF ABOVE APPLICANT: _____ EMAIL: _____

2. CHURCH VITALS

DATE CHURCH WAS FOUNDED: _____ DATE CHURCH WAS INCORPORATED: _____

NAME OF SENIOR MINISTER: _____ DATE CURRENT MINISTER WAS HIRED: _____

TOTAL NUMBER OF FULL TIME CHURCH STAFF: _____ PART TIME STAFF: _____

CHURCH TAXPAYER ID (NOTE HERE IF **NOT** INCORPORATED): _____

ATTENDANCE INFORMATION

History	Year	Family Giving Units	Annual Avg. Weekend Attend.
Current YTD			
Last Year			
2 Years Ago			
3 Years Ago			

FINANCIAL INFORMATION

History	Year	Annual General Fund Income	Annual Expenses
Current YTD			
Last Year			
2 Years Ago			
3 Years Ago			

YES NO - IS THERE, OR WILL THERE BE, A FUND RAISING PROGRAM IN PROGRESS? IF YES, PLEASE EXPLAIN. (\$ COMMITTED, GIVEN, ETC.)

YES NO - DOES THE CHURCH HAVE PARA-CHURCH (PRE-SCHOOL, ETC.) INCOME? IF YES, PLEASE EXPLAIN.

YES NO - HAVE THERE BEEN ANY UNUSUAL NON-RECURRING EXPENSES THE PAST TWO YEARS? IF YES, PLEASE EXPLAIN.



773 Stirling Center Place
Lake Mary, FL 32746

Mailing:
PO Box 951719
Lake Mary, FL 32795-1719

Phone:
1-800-881-3863
407-268-5000

Fax:
407-268-5019

www.cfrministry.org



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3. LOAN REQUEST

TYPE OF LOAN REQUESTING:

- STANDARD LOAN (PROPERTY PURCHASE, REFINANCE, ETC.)
- CONSTRUCTION LOAN
- LINE OF CREDIT LOAN

LOAN AMOUNT

TERMS AVAILABLE: (Cannot be guaranteed. Final terms will be determined according to the loan assessment outcome.)

- Fixed
- Adjustable
- Amortized
- Interest Only

WE WOULD LIKE TO PAY THE LOAN FEES BY THE FOLLOWING METHOD:

- Check from the Church
- From the loan proceeds
- From our Ready Cash Account with CFR

4. PROPERTY DESCRIPTION (REQUIRED FOR ALL LOANS EXCEPT MINI LOAN)

ADDRESS OF SUBJECT PROPERTY: _____	COUNTY: _____
CITY: _____	STATE: _____
ZIP: _____	
SIZE OF PROPERTY (ACREAGE OR SQUARE FOOTAGE): _____	
VALUE AS CARRIED ON CHURCH BOOKS: \$ _____	
SOURCE OF VALUATION: _____	
DATE OF MOST RECENT APPRAISAL: _____	
APPRAISAL VALUE: \$ _____	
SOURCE OF APPRAISAL: _____	
APPROXIMATE MARKET VALUE (BEST ESTIMATE): \$ _____	
TOTAL OUTSTANDING DEBT SECURED BY PROPERTY DESCRIBED: \$ _____	
VALUE SHOWING ON TAX STATEMENT FROM COUNTY (ALSO ATTACH COPY): \$ _____	

DESCRIBE IMPROVEMENTS

5. PROJECT DESCRIPTION (COMPLETE AS ASSOCIATED WITH YOUR TYPE OF LOAN)

SECTION ONE – STANDARD LOAN (Purchasing Property)

QUICK WORKSHEET

PURCHASE PRICE: \$ _____
CASH DOWN PAYMENT: \$ _____
OTHER FINANCING: \$ _____

SECTION TWO – STANDARD LOAN (Refinancing Existing Debt)

BANK OR BOND COMPANY: _____

BANK OR BOND COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE () FAX: ()

QUICK WORKSHEET

CHURCH BONDS: (ORIGINAL) \$ _____	(CURRENT BALANCE) \$ _____
PERSONAL LOANS: (ORIGINAL) \$ _____	(CURRENT BALANCE) \$ _____
BANK FINANCING: (ORIGINAL) \$ _____	(CURRENT BALANCE) \$ _____
OTHER: (ORIGINAL) \$ _____	(CURRENT BALANCE) \$ _____

SECTION THREE – CONSTRUCTION LOAN (Building New Construction or Remodeling)

CONTRACTOR: _____

CONTRACTOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE () _____ FAX: () _____

ARCHITECT: _____ PHONE NUMBER: () _____

QUICK WORKSHEET

TOTAL COST OF PROJECT: \$ _____
ORIGINAL COST OF PROPERTY: \$ _____
DATE OF PURCHASE: _____
CURRENT VALUE: \$ _____
CURRENT LOAN OUTSTANDING ON PROPERTY: \$ _____

PROJECT TYPE
<input type="checkbox"/> WORSHIP AUDITORIUM <input type="checkbox"/> FELLOWSHIP HALL <input type="checkbox"/> MULTI-PURPOSE ROOM <input type="checkbox"/> EDUCATIONAL FACILITY <input type="checkbox"/> OTHER _____

DESCRIBE METHOD OF PROJECT OVERSIGHT

SECTION FOUR – LINE OF CREDIT

PLEASE EXPLAIN THE PURPOSE/ INTENTIONS FOR THIS LOAN BELOW:



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6. INSURANCE

INSURANCE CARRIER: _____ AGENT: _____
 INSURANCE CARRIER ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE () _____ FAX: () _____

PUBLIC LIABILITY COVERAGE	PROPERTY & CASUALTY COVERAGE	MACHINERY & EQUIPMENT COVERAGE
\$ _____	\$ _____	\$ _____

Prior to funding, CFR must be named as "loss payee" on your church's insurance coverage and CFR must receive a proof of insurance statement from your carrier.

7. SPECIAL CONSIDERATIONS / ADDITIONAL COMMENTS

8. LEGAL DOCUMENT SIGNERS **

NAME (printed): _____ TITLE: _____
 NAME (printed): _____ TITLE: _____
 NAME (printed): _____ TITLE: _____
 NAME (printed): _____ TITLE: _____

**The signers for the loan documents must be the same ones in accordance with the church's Articles of Incorporation and or Church By-Laws..

Please visit our website to download other Loan Forms
www.cfrministry.org